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THE RICE GROUP, INC. Mailing Address 6331 5th AVENUE N

Principal Place of Business 6331 5th AVENUE N TATAALAL ST.PETERSBURG, FL. 33710 ST.PETERSBURG, FL.3371(2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 55-0792559 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA P.A. RICE KENNETH L. -1840 SOUTHWEST 22 STREET, 4th FLR Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL. 33145 6331 5th AVENUE N. ST.PETERSBURG 8. The above named entity submits this state post for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered KENNETH L. RICE 04/29/03 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ITLE ☐ Detete TITLE Addition Change VAME HAME RICE PAMELA M. STREET ADDRESS STREET ADDRESS 6331 5th AVENUE N. CITY-ST-ZIP CITY-ST-7P ST PETERSBURG, FI. 33710 ☐ Delete MLE **XX**Addition

NAME NAME RICE KENNETH L STREET ADDRESS STREET ADDRESS 6331 5th AVENUE N. CITY-ST-ZIP CITY-ST-78 ST.PETERSBURG. FL. 33710 nne Delete TITLE ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete DILE ☐ Change Addition TITSE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-7/P ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-20 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or injuste empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmentwith all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 05, 2003 8:00 am Secretary of State

05-05-2003 90192 043 ***150.00